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DEC 20 2004

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23639 7590 10/04/2004

BINGHAM, MCCUTCHEN LLP
THREE EMBARCADERO, SUITE 1800
SAN FRANCISCO, CA 94111-4067
12/21/2004 WASFAW2 00000049 502518 10001538

01 FC:1501 1400.00 DA
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Maritza Kidd

(Depositor)

Maritza Kidd
December 13, 2004

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION
10/001,538	11/14/2001	Robert M. Abrams	99-0205C	2985

TITLE OF INVENTION: SYSTEMS AND METHODS FOR DETACHING A COVERING FROM AN IMPLANTABLE MEDICAL DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370- \$1400	\$300	\$1670 \$1700	01/04/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
WOO, JULIAN W	3731	606-200000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recorded as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SCIMED LIFE SYSTEMS, INC.

Maple Grove, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Gov

4a. The following fee(s) are enclosed:

Issue Fee

Publication Fee (No small entity discount permitted)

Advance Order - # of Copies 1

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A check in the amount of the fee(s) is enclosed.

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment. Deposit Account Number 50-2518 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

David T. Burse

Date

12/10/04

Typed or printed name

David T. Burse

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37,104

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